

MIDDLE GRADES:

APPLICATION OF INTENT TO TRANSITION TO MIDDLE
SCHOOL PROGRAM ACCREDITATION STATUS

ARM 10.55.902 (3)

Due Date: March 1	School District Name:	LE:
To: Accreditation & Educator Preparation Division	School Name:	SC:
Grade Levels Included _____ to _____ School Year _____	County:	CO No.:

In approving the intent to transition to meet accreditation Rule 10.55.902 (3), the Office of Public Instruction (OPI), will use the following process:

1. Application of intent to transition to middle school must be received by the OPI, Division of Accreditation and Educator Preparation, by **March 1**.
2. Application of intent to transition Approval must be granted prior to beginning the transition to the middle school program.
3. In order to be approved to transition to the middle school accreditation status, the application must include a description of the detailed process and activities, including professional development that the district will follow in order to develop and implement a middle school program including:
 - a. Philosophy (ARM 10.55.902(2)) and (ARM 10.55.902(3)(a)(i-iii)), and
 - b. Education program aligned to the requirements of ARM10.55.902 (3)(a-f).

To document the planned transition and alignment to the standard, use the "Middle School Program Checklist" enclosed in this appendix (available as a Word document for local use on the OPI AEP web page).

4. A review team identified by the OPI will convene to review the application materials.
 - a. Evaluation of the materials shall be made in accordance with the requirements of 10.55.902 (3).
 - b. The review team will make a recommendation to the Superintendent of Public Instruction.
5. Recommendation categories:
 - a. Recommend Initial Approval (one – two years to transition),
 - b. Recommend Initial Approval pending receipt of further documentation on specific topics, or
 - c. Recommend accreditation as a 7-8 school based upon a review of the proposal and the alignment of the school program with the middle school program.

CERTIFICATION: The information on this application is correct to the best of my knowledge.

Printed Name/Board of Trustees Chairperson	Signature	Date
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Printed Name/Superintendent (District or County)	Signature	Date
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APPROVAL/DENIAL – OFFICE OF PUBLIC INSTRUCTION

Superintendent of Public Instruction	<input type="checkbox"/> Approval	Date
	<input type="checkbox"/> Denial	

Authorized Signature	Date
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